

**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/732,953
Filing Date	December 7, 2000
First Named Inventor	Kamilo Feher
Art Unit	2611
Examiner Name	VO, DON NGUYEN
Attorney Docket Number	09.732,953 ChangePOA May22.06

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 47257

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

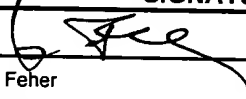
<input checked="" type="checkbox"/> Firm or Individual Name	Kamilo Feher				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Kamilo Feher		
Date	May 22, 2006	Telephone	1-530-756-6952

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 10 forms are submitted.

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